



**COMMERCIAL RE-ROOF
COMMUNITY DEVELOPMENT
BUILDING DIVISION**

806 WEST MAIN STREET • MONROE, WA 98272
City Hall 360.794.7400 • Fax 360.794.4007

INSTRUCTIONS:

Below is a checklist of items that must be submitted as part of your application for a Commercial Re-Roof permit. The replacement of any and all structural members and sheathing must be inspected by the City Building Inspector prior to cover. Numbers in parenthesis equal the number of copies required.

If you have any questions about what is required, or if you would like to schedule an intake appointment, please call the 360.863.4527.

SUBMITTAL CHECKLIST

- ◇ (1) Original of the Combined Permit Application form
- ◇ (2) site plan
- ◇ (2) roof plan with existing information
 - ◇ Building type of construction and information on type of roofing being applied and any underlying materials that will be applied underneath
- ◇ (2) structural calculations (if applicable)
- ◇ Current copy of Labor & Industries contractor's license

Adopted State Codes – Effective July 1st, 2016

The City of Monroe enforces the following Washington State Building Codes and amendments; the Washington Administrative Code (WAC) Title 51 and as amended by the Monroe Municipal Code Title 15:

2015 International Building Code (IBC)
2015 International Existing Building Code (IEBC)
2015 International Residential Code (IRC)
2015 International Fire Code (IFC)
2015 International Mechanical Code (IMC)
2015 International Fuel Gas Code (IFGC)
2015 Uniform Plumbing Code (UPC)
2015 ICC Energy Conservation Code with State amendments

Structural Design Criteria

Seismic Design Category: IRC D1/D2 / IBC - D

Basic Wind Speed: 85 mph

Exposure Category: B

Frost Depth: 18"

Snow load: 25 lbs/sq ft

*A soils investigation is required for commercial projects, residential short plats and subdivisions and some instances residential lots.



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www.monroewa.gov

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PERMIT #(s) _____

COMBINED PERMIT APPLICATION

PERMIT SUBMITTAL HOURS

MONDAY – FRIDAY

8:00 – 12:00 / 1:00 – 5:00

<u>Building</u>	<u>Operations</u>	<u>Fire</u>	<u>Land Use</u>
<input type="checkbox"/> Commercial T/I	<input type="checkbox"/> Engineering Review	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Accessory Dwelling Unit
<input type="checkbox"/> Demolition	<input type="checkbox"/> Fencing	<input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation
<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Grading	<input type="checkbox"/> High Piled Storage	<input type="checkbox"/> Conditional/Special Use
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Retaining wall	<input type="checkbox"/> Hood Suppression	<input type="checkbox"/> Land Clearing/Forest Practices
<input type="checkbox"/> New Construction (Commercial/Residential)	<input type="checkbox"/> Rockery	<input type="checkbox"/> Operational	<input type="checkbox"/> Planned Residential Development
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Right-of-Way Disturbance	<input type="checkbox"/> Spray Booth	<input type="checkbox"/> Shoreline Permit
<input type="checkbox"/> Racking	<input type="checkbox"/> Special Flood Hazard Area	<input type="checkbox"/> Tents & Canopies	<input type="checkbox"/> Short Plat
<input type="checkbox"/> Residential Remodel	<input type="checkbox"/> Utility Service	<input type="checkbox"/> Other _____	<input type="checkbox"/> Subdivision/Plat
<input type="checkbox"/> Sign	<input type="checkbox"/> Other _____		<input type="checkbox"/> Variance
<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____

NOTE: All required Electrical Permits will be issued by the
Dept. of Labor & Industries.

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: _____

Size of site (acre/square feet): _____

Assessor's Tax Parcel Number (14 digits): _____

Applicant: _____ Phone # (____) _____

*Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # (____) _____

City _____ State _____ Zip _____ E-mail _____

Property Owner: _____ Phone # (____) _____

**Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # (____) _____

City _____ State _____ Zip _____ E-mail _____

Attach a separate sheet for additional property owners/additional addresses

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf. **Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.

Combined Permit Application - Page 2

Contractor: _____ Phone # _____

Contractor's License # _____ Fax # _____

Exp Date _____ Mailing Address _____

Contractor's Bond Company: _____

Contractor's Bid Amount or Project Cost (labor and materials): \$ _____

Forest Tax Reporting Account Number (if harvesting timber call the Department of Revenue at

(800) 548-8829 for tax reporting information or to receive a tax number): _____

Detailed description of proposal/work:

Lending Institution for project (if applicable): _____

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Residential:

Living area: _____ sf x \$ _____ = \$ _____

Garage / Carport: _____ sf x \$ _____ = \$ _____

Deck / Porch: _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Commercial:

(fill in type) _____ sf x \$ _____ = \$ _____

(fill in type) _____ sf x \$ _____ = \$ _____

Total valuation: \$ _____

Plan Check Fee: _____

Permit Fee: _____

State Fee: _____

Fire Plan Check Fee: _____

Technology Fee: _____

SEPA Fee: _____

Land Use:

Planning Application Fee: _____

Publication Fee: _____

Fire Plan Check Fee: _____

Mailing Fee: _____

SEPA Fee: _____

Technology Fee: _____

TOTAL FEES: _____